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SOS

610 N. Silver St

Silver City, NM 88061

575-958-6131

575-958-8947

Medicaid ID: YIF905154145

Yazzie, Joshua

ID: 153 DOB: 7/5/1984

Treatment Plan (SOS)

Use Note Creation Time

Clear Time

Set Date/Time

7/27/2023

10:18 AM

Service Location

Turn

Audit Log

Copy contents of the text only into

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BARRIERS

- client expresses feeling mild anxiety symptoms

- Increase social support system

- Assist in finding community support

STRENGTHS

Joshua's strengths include:

Cognitive

- Intellectually bright

- Can make needs known

- Verbal

Behavioral

- Generally compliant

Motivation

- Is motivated for treatment

spell check

find

(Please click in the field and scroll down to see full text of note.)

Capture Signature

#1 Signed By: Joshua

7/27/2023

Capture Signature

#2 Signed By: Clin

7/27/2023

Capture Signature

#3 Signed By:

Signature below indicates that this Treatment Plan has been reviewed and approved:

Date: _____ Clinician: _____ Title: _____

Date: _____ Clinician: _____ Title: _____

Date: _____ Patient/Client: _____

Date: _____ Parent/Guardian: _____

Date: _____ Other: _____

A copy of this treatment plan was: _____ given to the patient/client/family OR _____ declined by the patient/client/family:

Date: _____ Clinician: _____ Title: _____

Electronically Signed

Dr. Silver-Tabor, DMSW, CSW

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7/30/23, 6:59 PM